Application or Docket Number

09/600594

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	21 minus 20=	1
INDEPENDENT CLAIMS	3 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

RATE	FEE
X$ 9=	
X39=	
+130=	
TOTAL	

OR

OTHER THAN SMALL ENTITY

RATE	FEE
X$18=	
X78=	
+260=	
TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY

RATE	ADDI-TIONAL FEE
X$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE
X$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

BEST AVAILABLE COPY

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI-TIONAL FEE
X$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

OR

RATE	ADDI-TIONAL FEE
X$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI-TIONAL FEE
X$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

OR

RATE	ADDI-TIONAL FEE
X$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, nter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (T tal or Independent) is the highest number found in the appropriate box in column 1.

TO: PCT OFFICE OF FINANCE
              CRYSTAL PLAZA 2 - 5TH FLOOR

FROM :   PCT INTERNATIONAL DIVISION - DO/EO
              CRYSTAL PLAZA 2 - 8TH FLOOR

PLEASE PROCESS THE FOLLOWING CORRECTIONS :

FROM		TO	
CODE	FEE	CODE	FEE
960	970.00	971	485.00
154	130.00	254	65.00
966	18.00	967	9.00

OTHER :

[✓] CHARGE VOUCHER IS ATTACHED TO CHARGE/REFUND ADDITIONAL FEES

[ ] OTHER : _____ $559.00 _____

THE ORIGINAL METHOD OF PAYMENT WAS :

[ ] BY A CHECK

[✓] BY A CHARGE TO DEPOSIT ACCOUNT NO. 14-1140

NATIONAL STAGE PROCESSING BRANCH
DO/EO FEE SHEET

SERIAL NUMBER :   **09/600594**

DATE FORWARDED TO FINANACE BRANCH : _____

☐ CHECKS ONLY

☐ CHECKS AND CHARGES ENCLOSED

☐ CHARGES ONLY ENCLOSED

☑ REFUND APPROVAL NEEDED

☐ CORRECTIONS :

        ☐ CHECK

        ☐ CHARGE

        ☐ CHECK & CHARGE

FROM : DO/EO NATIONAL STAGE PROCESSING BRANCH
      ATTN: _____

(Name and phone number of person forwarding file to Finance)

**PLEASE KEEP THIS SHEET ATTACHED TO THE FILE, AND
RETURN TO DO/EO AFTER APPROPRIATE ACTION HAS BEEN TAKEN.**